The Under Reporting Factor in VAERS

Let's put a pin in that, shall we?

Jessica Rose
Nov 15

Thanks to the brilliance of my friend Liz and the OpenVAERS team, we now have a solid confirmation that our original URF estimates were pretty bang on. To read about how I independently calculate an URF of 31 using Pfizer's phase III clinical trial data for Severe Adverse Events (I would argue that this URF doesn't apply to death), please go to my publication entitled: "Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System?" To read how Mathew and Steve and I calculated an URF of 41, please go to this article.

Liz simply used V-Safe data and did some napkin math to figure this out. You can find her Newsletter here on OpenVAERS. You can find out more about the V-Safe data release thanks to the Informed Consent Network (ICAN) team here.

v-safe protocol: Jan 28, 2021, version 2

V-safe active surveillance for COVID-19 vaccine safety

Ree-hee-hee-hee-heeelly?

Protocol summary

V-safe is an active surveillance program to monitor the safety of COVID-19 vaccines during the period when the vaccines are authorized for use under Food and Drug Administration (FDA) Emergency Use Authorization (EUA) and possibly early after vaccine licensure. V-safe is a new smartphone-based system that uses text messaging to initiate web-based survey monitoring in the form of periodic health check-ins to assess for potential adverse events following vaccination.

CDC will use the follow-up capability of the existing Vaccine Adverse Event Reporting System (VAERS) call center to conduct active telephone follow-up on recipients reporting a significant health impact during v-safe health check-ins. The purpose of v-safe surveillance is to rapidly characterize the safety profile of COVID-19 vaccines when given outside a clinical trial setting and to detect and evaluate clinically important adverse events and safety issues that might impact policy or regulatory decisions.

Extracted from: v-safe protocol: Jan 28, 2021, version 2 Page 1 of 58 V-safe active surveillance for COVID-19 vaccine safety. https://www.cdc.gov/vaccinesafety/pdf/V-safe-Protocol-v2-012821.pdf.

Also check out OpenVAERS and background information on the under reporting factor (URF).

> From 2007 to 2010, computer scientist Ross Lazarus and medical doctor Michael Klompas led a study at Harvard Pilgrim Healthcare, Inc. on behalf of the U.S. Department of Health and Human Services (HHS) to identify ways to use Health Information Technology to improve reporting to the Vaccine Adverse Events Reporting System(VAERS).[1] They discovered that 2.6% of all vaccinations led to adverse events. From their review of the literature and their own independent findings, they concluded that VAERS undercounts actual harms from vaccines by a factor of 10 to 100. They built a prototype so that all electronic medical records anywhere in the country could automatically submit a report to VAERS (thus solving the underreporting problem) at which point HHS stopped returning their calls and cut off all contact.
>
> The underreporting problem obviously had not gone away, instead, HHS just decided to cover it up through omission.
>
> In response to the astronomical rates of adverse events following Covid-19 injections, independent researchers have once again attempted to calculate the rate at which harms are underreported to VAERS (referred to as the Under Reporting Factor or URF). Steve Kirsch [2] and Dr. Jessica Rose [3] have calculated the URF at 31x to 51x in a number of different ways — basically in the middle of the range originally calculated by Lazarus and Klompas.
>
> Using the newly obtained data from the V-Safe system via an ICAN FOIA [5], OpenVAERS is able to independently calculate the VAERS URF.
>
> According to V-Safe's own protocol anyone with a "significant medically attended health event" received a call from VAERS to file a report.[4]
>
> We now have 10,108,273 persons registered with V-Safe. From the ICAN FOIA we know that:
>
> - 782,913 required medical care from a doctor or other healthcare professional.
> - 1,344,330 missed work or school due to the vaccine.
> - 1,225,867 were unable to conduct normal activities.
>
> The SPLTTYPE field in VAERS allows us to see which reports have come from V-Safe. This is not a field you can search in Wonder, however you can search it on the OpenVAERS website. And we have a new page that breaks down the V-Safe symptoms and events.
>
> Since 782,913 V-Safe participants required medical care, then 782,913 V-Safe participants should have received a phone call telling them to fill out a VAERS report, and there should be 782,913 reports in VAERS marked 'vsafe'.
>
> That's not what happened. Instead, there are only 30,492 V-Safe reports in VAERS.
>
> 30,492 (actual VAERS reports from v-Safe) / 782,913 (injured people who were instructed to file a report) = 3.89% of the number that should be there. Or, expressed another way, a URF of 26x. And that's it folks. That is the undercount.
>
> This is the most conservative way to calculate the URF using the new V-Safe numbers. One could also use the 1,344,330 people who missed work or school due to the vaccine or the 1,225,867 people who were unable to conduct normal activities to calculate the URF — in each case one would end up with an even higher URF. Of course, because V-Safe depends on self-reporting through an app, one cannot use it to calculate the URF for vaccine fatalities.

I have independently confirmed these numbers and calculations.

Thank you OpenVAERS team and Liz especially!

Steve, send it to Walensky, Marks and Collins.

[1] https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf

[2] https://stevekirsch.substack.com/p/vaers-myths-busted

[3] https://cf5e727d-d02d-4d71-89ff-9fe2d3ad957f.filesusr.com/ugd/adf864_0490c898f7514df4b6fbc5935da07322.pdf

[4] https://icandecide.org/wp-content/uploads/2022/10/Pages-from-0522-v-safe-Productions-Through-2022-07-12-2.pdf

[5] https://icandecide.org/v-safe-data/

47 Comments

Freedom Nov 15 ♥ Liked by Jessica Rose

The under-reporting factor is probably greater than the numbers you came up with. The people who reported to VAERS from V-Safe were at least aware of the connection between vax and injury, where a good portion of the public just aren't. Literally no one I know personally makes the connection...including my brother in law who developed blood clots in his lungs along with kidney issues shortly after his shots.

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Kate Smiley Nov 10 ♥ Liked by Jessica Rose

Del Bigtree pointed out that the v-safe users are an interesting cohort. These are "early adopters" of the vaccines, keen and often ahead of mandated vaccination for decreasing age groups. So their bias in favour of the vaccines means that their reporting can't be attributed to grievance against the mandated programme...

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This is one of the emails I received the other day. I get hundreds daily, and I am hearing you all.
This particular note spoke loudly to me and this lovely person gave me permission to share her words.
JESSICA ROSE JUL 17 1,613 228

A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable...
Jessica Rose PhD, MSc, BSc and Peter A. McCullough MD, MPH
JESSICA ROSE NOV 2, 2021 1,242 148

Rewrite: Let's tag team this until everybody understands
The modified spike protein is dangerous and for very specific reasons.
JESSICA ROSE JUN 13 667 141

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